TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT



2515 South Congress Avenue | Austin, Texas 78704 Phone: (512) 854-7000

Cory J. Burgess Chief Juvenile Probation Officer

Request for Juvenile Court Records

Family Code Sections 58.007 and 58.0052. Identi use these records will assist the Department in r	ifying which records	ou are seeking by providi	ng specific details about how you wi	11
Date of Request (Today's Date):/		_	th:/	_
Juvenile's First, Middle & Last Name:				
I am requesting the following records: I wou Referral History Including Outcomes Juvenile Court Order Copy (please sp Other (please specify): Reason for request:	s pecify):			
Requestor's Relationship to Juvenile: Parent Requestor's Organization/Title:	:: Legal Repres	entative: JPO: (Other (Explain):	
Requestor's Address: Requestor's Phone Number: () Requestor's E-mail Address:	City: Alterr	State:Zip: nate Phone Number: (_)	
Note: If a current release authorization exists, pl information is required for this application to be	ease provide a copy.			
confidentiality of records requirements under to seq.) and Texas Health and Safety Code Chapter Use Disorder records, for which disclosure (and you will abide by the confidentiality and re-discussion of the confidentiality and re-discussion of the receipt of your signed Agreement, in Department will provide the requested records.	r 181 prior to disclos d re-disclosure) is go closure requirement n compliance with	ure. The information you overned by 42 C.F.R. Part s of 42 C.F.R. Part 2, and the above request, the	requested may also contain Substa 2. This Agreement also provides t all other applicable laws.	nce that
	AGREEI	MENT		
You agree that any medical, mental health or i will not be used or disclosed except to the exter first obtained the information. In the event you this Agreement, including in any other forum (public, you will provide notice to the Travis Cou	nt that the use or dis I decide or are comp or in any form), lega	closure is consistent with elled by law to release ar al proceedings other than	the authorized purpose for which by of the records provided to you un a as expressed in the request or to	you idei
The information disclosed to you may include r prohibit you from making any further disclosur a Substance Use Disorder either directly, by refe by another person unless further disclosure is being disclosed or as otherwise permitted by 42 is NOT sufficient for this purpose. The federal is a Substance Use Disorder, except as provided a Please acknowledge your understanding of	re of information in erence to publicly aver expressly permitted C.F.R. Part 2. A general rules restrict use of at 42 C.F.R. §§2.12(c)	this record that identified in the identified in the identified by the written consented authorization for the the information to invest (5) and 2.65.	s an individual as having or having rough verification of such identification of the individual whose information release of medical or other informaticigate or prosecute any individual v	hac tion on is tion
SIGNATURE:	PI	RINTED NAME:		_
For Travis County Staff Use Only: Rec'd date: _	<i></i> J	uvenile's PID#	_ Juvenile's JV#	